UNITED STATES DISTRICT PAUL 15 SOUTHERN DISTRICT OF NEW YORK

DARRYL WILLIAMS	
TE WELLIAMS	
Write the full name of each plaintiff.	
plantuit.	
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	•
-against-	į
P.O. ANDREW DISTELLINGT	
P.O. ANDREW DISTELHURST	# 18304
Write the full name of	

COMPLAINT

(Prisoner)

Do you want a jury trial? Yes ONo

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

1. LEGAL	BASIS FOR CLAI		·	
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Violation of p	ar fall	ants).	or in a	a
	ny federal constitutio	nal rights		
Other:	CAUSED PHY	_		,
II. PLAINTT	EE TO	SICAL I	NTORV/iz	,
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Each plaintiff must	provide the following		additional pages if necessary.	
	o the following	information. Attach	additional page - 16	
DARRYL		· · · · · · · · · · · · · · · · · · ·	pages if necessary.	
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•		State	10112	•
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☐ Convicted and sentend ☐ Other:	ced prisoner			
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IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach

Defend	tant 1	•	the caption. Attach
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V. STATEMENT OF CLAIM

Place(s) of occurrence: E 216 ST WHITE PLAINS, & 4111 LACONTA WE (4

Date(s) of occurrence: MAY 18, 2018

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach

ON MAY 18, 2018 WHILE DRIVING MY CAR STOPPED BY P.O. DISTECHURST #18304 FOR DRIVING WITH A DEFECTIVE BRAKE LIGHT!" I WAS GIVEN A TRAFFIC VIOLATION Summon's FOR SAID OFFENSE AFTER PECEVING THE TRAFFIC VIOLATION I WAS EDPOUSED TO BE ABLE TO DRIVE AWAY AND ANSWER TO THE SUMMONS ON SAID DATE ROT I WASNIT ALLOWE TO LONE OFFICER DISTELLURIT DRIBERED ME OUT HT MY CAR AND STARTED TO SEARCH MY CAR. AT THAT MOMENT AMENDMENT (PROTECTION from Unkerkowarie Seprettes AS WELL AS MY RIGHT TO PROTECT GEL LIBERTY AND WAS VIDENTED, AFTER THE SEARCH CAR AS WELL AS MY PERSON. THE BAGG CONTAINING A FOR FIRE ARM IN MY LOCKED TRUNK DURNG THE ARREST MY ARREST &D FORGO BEHIND MY BACK UNTIL MY ELROW ARNU My RIGHT SHOUDER CRACKED. PHYSECOL INJURY

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INJURIES: NO WARRENT WAS
If you were injured as a result of these arts

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

SHARP PAINS IN MY BACK, LACK OF MOBILITY IN MY RIGHT SHOUDER AS WELL AS LEFT ELROW. I'VE REDUESTED MRI, AS WELL AS X-RAYS. IN AMAITING ON THE APPOINTMENT.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

DE TO OFFICE THE OFFICE IS INVESTIGATED

MODIFIED DAY UNTIL THE DUTCOME OF THE CARE

POLICE COMPENSATION FOR MY PHYSICAL INJURY

ASSET TO MY WORK COMPANY.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

Plaintiff's Signature

Plaintiff's Signature

First Name

Middle Initial

Last Name

Prison Address

County, City

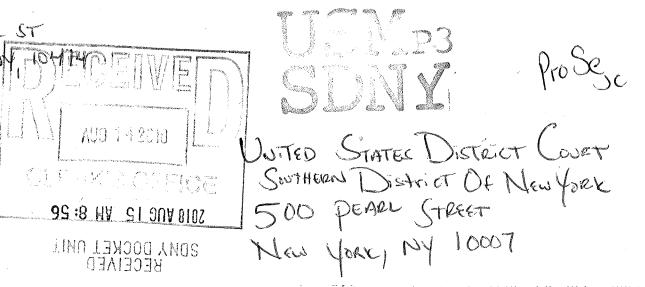
State

Date on which I am delivering this complaint to prison authorities for mailing.

WILLJAMS 02295

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